

## ADULT RESPIRATORY DISTRESS SYNDROME

69. Nicotra MB, Stevens PM, Viroslav J, et al: Physiologic evaluation of positive end expiratory pressure ventilation. *Chest* 64:10-15, Jul 1973
70. Suter PM, Fairley HB, Isenberg MD: Optimum end-expiratory airway pressure in patients with acute pulmonary failure. *N Engl J Med* 292:284-289, Feb 6, 1975
71. Greenbaum DM, Millen JE, Eross B, et al: Continuous positive airway pressure without tracheal intubation in spontaneously breathing patients. *Chest* 69:615-620, May 1976
72. Downes JJ: CPAP and PEEP—A perspective (Editorial). *Anesthesiology* 44:1-5, Jan 1976
73. Uzawa T, Ashbaugh DG: Continuous positive-pressure breathing in acute hemorrhagic pulmonary edema. *J Appl Physiol* 26:427-432, Apr 1969
74. Gregory GA, Kitterman JA, Phibbs RH, et al: Treatment of the idiopathic respiratory-distress syndrome with continuous positive airway pressure. *N Engl J Med* 284:1333-1340, Jun 17, 1971
75. Civetta JM, Brons R, Gabel JC: A simple and effective method of employing spontaneous positive-pressure ventilation—Illustrative case reports. *Thorac Cardiovasc Surg* 63:312-317, Feb 1972
76. Kirby RR, Perry JC, Calderwood HW, et al: Cardiorespiratory effects of high positive end-respiratory pressure. *Anesthesiology* 43:533-539, Nov 1975
77. Taylor GT, Brenner W, Summer WR: Severe viral pneumonia in young adults—Therapy with continuous positive airway pressure. *Chest* 69:722-728, Jun 1976
78. Aune H, Stovner J: Respiratory failure in children treated with continuous positive airway pressure. *Tidsskr Nor Laegeforen* 94:1445-1447, 1974 (In Norwegian)
79. Garg GP, Hill GE: The use of spontaneous continuous positive airway pressure (CPAP) for reduction of intrapulmonary shunting in adults with acute respiratory failure. *Canad Anaesth Soc J* 22:284-290, May 1975
80. Parker FB Jr, Wax SD, Kusajimi K, et al: Hemodynamic and pathological findings in experimental fat embolism. *Arch Surg* 108:70-74, Jan 1974
81. Tenney SM: A theoretical analysis of the relationship between venous blood and mean tissue oxygen pressures. *Respir Physiol* 20:283-296, Jun 1974
82. Simmons DH, Alpas AP, Tashkin DP, et al: Hyperlactatemia due to arterial hypoxemia or reduced cardiac output, or both. *J Appl Physiol* 45:195-202, Aug 1978
83. Kasnitz P, Druger GL, Yorra F, et al: Mixed venous oxygen tension and hyperlactatemia—Survival in severe cardiopulmonary disease. *JAMA* 236:570-574, Aug 9, 1976
84. Davis HL, Fowler WS, Lambert EH: Effect of volume and rate of inflation and deflation on transpulmonary pressure and response of pulmonary stretch receptors. *Am J Physiol* 187:558-566, Dec 1956

## Cigarette Smoking and Early Menopause

WE STARTED LOOKING at our data for one reason or another on menopause and at the same time we were looking at our data on smoking. So we looked at the two of them combined and, lo and behold, we found that there is a striking relationship between smoking and age of menopause. A summary of data . . . shows that women who smoke tend to have an earlier menopause, and the more a woman smokes the earlier the menopause. At age 48-49, for example, among 195 never-smokers only 26 percent were postmenopausal at that time; among heavy smokers, almost twice as many, 46 percent, were postmenopausal; at 50-51, 56 percent of never-smokers, 79 percent of heavy smokers were postmenopausal.

—HERSCHEL JICK, MD, *Boston*

Extracted from *Audio-Digest Internal Medicine*, Volume 25, Number 19, in the Audio-Digest Foundation's subscription series of tape-recorded programs. For subscription information: 1577 E. Chevy Chase Drive, Glendale, CA 91206.